

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90144 011 \*\*\*\*61.25

1



CHECK HERE IF MAKING CHANGES

**DOCUMENT # 718501**  
1. Entity Name  
**FLORIDA WEST COAST DOBERMAN PINSCHER CLUB, INC.**



Principal Place of Business  
**13004 CREEK MANOR CT  
RIVERVIEW FL 33569  
US**

Mailing Address  
**4207 LAKEWOOD DRIVE  
SEFFNER FL 33584  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **23-7127839**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, ROY  
25078 DAN BROWN HILL RD  
BROOKSVILLE FL 34602**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WADE, KIMBERLY</b>	
STREET ADDRESS	<b>4207 LAKEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WADE, GLEN</b>	
STREET ADDRESS	<b>4207 LAKEWOOD DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SARA, SMITHEE</b>	
STREET ADDRESS	<b>13004 CREEK MANOR CT</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUKSTELE, RANDAL</b>	
STREET ADDRESS	<b>11950 81ST AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COMBS, PAUL</b>	
STREET ADDRESS	<b>13504 GALENA PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33626</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, SUSAN</b>	
STREET ADDRESS	<b>25078 DAN BROWN HILL RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34602</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHEL POKLEPOVIC</b>	
STREET ADDRESS	<b>5111 LONG FELLOW AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SUSAN</b>	
STREET ADDRESS	<b>25078 DAN BROWN HILL RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34602</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUKSTELE, RANDAL</b>	
STREET ADDRESS	<b>5629 36TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANNE THARP</b>	
STREET ADDRESS	<b>13004 CREEK MANOR CT</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL COMBS</b>	
STREET ADDRESS	<b>13504 GALENA PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33626</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/3/03** **813-689-1509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)